

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/025690

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6	1					
7	1					
8	1					
9	1					
10	1					
11		10				
12		10				
13		10				
14		10				
15		10				
16		10				
17		10				
18			1			
19				1		
20				1		
21				1		
22				1		
23			1			
24			1			
25			1			
26			1			
27				5		
28				9		
29				9		
30				9		
31				9		
32				9		
33				9		
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46						
47						
48						
49						
50						
TOTAL IND.	6		5			
TOTAL DEP.	74		63			
TOTAL CLAIMS	80		68			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS